

<b>Case Number:</b>	CM15-0025657		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male, who sustained an industrial injury on October 11, 2013. He has reported while unloading a truck and pulling a load out of a trailer, he injured his shoulder. The diagnoses have included right shoulder impingement syndrome and right shoulder derangement. Treatment to date has included physical therapy, chiropractic treatments, acupuncture, trigger point injections, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of increased lower back pain, radiating to the legs. The Primary Treating Physician's report dated January 26, 2015, noted no changes in the examination of the right shoulder, with the injured worker reporting no relief from cortisone treatment. A right shoulder MRI dated June 11, 2014, was noted to show a 17.3 x 14mm enchondroma in the area of the right humeral head, with no evidence of a rotator cuff tear. On February 3, 2015, Utilization Review non-certified a right shoulder diagnostic arthroscopy, subacromial decompression, and distal clavicle excision, noting that based on the information submitted for review failed to meet the evidenced based guidelines for the requested services. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of right shoulder diagnostic arthroscopy, subacromial decompression, and distal clavicle excision.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right Shoulder Diagnostic Arthroscopy, Subacromial Decompression, Distal Clavicle**

**Excision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Shoulder, Partial claviclectomy (Mumford procedure).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Acromioplasty surgery, Partial Claviclectomy.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 11/25/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 1/26/15 does not demonstrate evidence satisfying the above criteria. Therefore, the determination is for non-certification. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the exam note from 11/25/14 and the imaging findings from 6/11/14 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the determination is for non-certification.